

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11694	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert R Carr P.O. Box, Bldg., Room No., if any N/A Street 1371 Neotomas Ave City Santa Rosa State California ZIP Code + 4 95405	4. Name, file number, and address of labor organization. Name Teamsters Local 624 Labor Organization File Number 041930 P.O. Box, Building and Room Number, if any N/A Street 1371 Neotomas Ave City Santa Rosa State California ZIP Code + 4 95405
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State California ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Robert R Carr</u>	On <u>8/12/2005</u> (707) 542-1292 ext 12 Date Telephone Number

Name of Person Filing Robert Carr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators</p> <p>Trade Name, if any: North Coast Trust Fund</p> <p>P.O. Box, Bldg., Room No., if any Box 422548</p> <p>Street 221 Main St 2nd Floor</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94142</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name North Coast Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO Box 422548</p> <p>Street 221 Main St 2nd Floor</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94142</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>See continuation page.</p>
	<p>12.b. Amount. \$143</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business
from Pg. 2

Union Health and Welfare Fund

12.a. Nature of interest held or income received (con't from Pg. 2):

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b represents (1) food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and/or (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The meetings referenced above occurred on or about March 25; June 24; August 31; September 24; and December 2, 2004. This estimate is based on information requested from the Trust fund's third party administrator and a business calendar for appointments and meetings in 2004.